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PTO/SB/21 (08-00)

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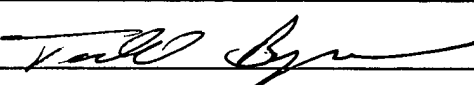
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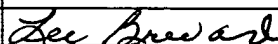
<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>	Application Number	09/936,640 (PCT/US00/40039)	
	Filing Date	16 March 2000	
	First Named Inventor	Arjun Selvakumar et al.	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	9	Attorney Docket Number	IO-1012US

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> Second Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Amendment Transmittal; 2) \$216.00 Check; 3) Return Postcard
Remarks <div style="border: 1px solid black; padding: 5px; min-height: 50px;"> <p>The Commissioner is authorized to charge any over payment or credit any under payment deemed associated with this communication to Deposit Account No. 13-0010 (IO-1012US).</p> </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	TODD A. BYNUM, Registration No. 39,488
Signature	
Date	December 5, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 12/05/01			
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Lee Brevard


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|                                    | Claims Remaining After Amendment |   | Previously Paid For |   | Number Extra |   | Rate  |   | Additional Fees |
|------------------------------------|----------------------------------|---|---------------------|---|--------------|---|-------|---|-----------------|
| Total Claims                       | 37                               | - | 25                  | = | 0            | x | \$18  | = | \$216.00        |
| Independent Claims                 | 3                                | - | 3                   | = | 0            | x | \$84  | = | 0               |
| Multiple Dependent Claims (if any) |                                  |   |                     |   |              | + | \$280 | 0 | 0               |
| Total Fees                         |                                  |   |                     |   |              |   |       |   | \$216.00        |

4. A check in the amount of \$216.00 is enclosed to cover the fees for additional claims as set out above.
5. The Commissioner is authorized to charge any under payment or credit any over payment to Deposit Account No. 13-0010 (IO-1012US). A duplicate of this sheet is enclosed.

Respectfully submitted,

Date: December 5, 2001

  
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